PROFESSIONAL LIABILITY INSURANCE COVERAGE CERTIFICATION

to be completed by all Active and House Counsel Members

I, _____, ISB Number _____, hereby certify pursuant to Idaho Bar Commission 302(a)(5) that I am an Active or House Counsel Member of the Idaho State Bar; and

(Choose One)

(1) ❑ I DO NOT represent private clients and am not required to carry professional liability insurance.

(2) ❑ I represent private clients and am currently covered by professional liability insurance. The name of my primary insurance carrier is _____

and my policy number is _____.

► **Attorneys selecting option (2) must submit proof of current professional liability insurance coverage at the minimum limit of $100,000 per occurrence/$300,000 annual aggregate.** Proof may be in the form of a certification from your insurer that includes the name of the carrier, name of the insured(s), term and policy limits. *If you submit the Declaration page from your policy to prove compliance with this rule, please redact any information not required by this rule, including the premium amount.* Please include your proof of coverage when you submit this certificate.

(3) ❑ My practice of law is limited to practicing within an employment setting exclusively for an employer and its commonly owned organizational affiliates and my employer is not in the business of providing legal services. My employer maintains insurance coverage that covers my practice of law.

The name of my employer is _____.

► Attorneys selecting option (3) do not need to submit proof of insurance coverage.

I also agree to notify the Idaho State Bar in writing within 30 days if any professional liability insurance policy providing coverage lapses, is no longer in effect, or terminates for any reason, unless the policy is renewed or replaced without substantial interruption.

Dated this _____ day of _____, _____.

_____

Attorney Signature